



DEPARTMENT OF CORRECTIONS
Justification For Out-Of-State Travel
Request For Training / Education Leave
Travel Advance

1. Employee Name: _____ Employee ID #: _____ Work Location: _____

2. Division/Department/Title: _____

3. ☐ Training / Education Leave ☐ Out-Of-State Travel *MUST justify Out-of-State travel*

4. Workshop / Training Title: _____ Location: _____

5. Training Start Date _____ End Date _____ Training Hours _____

6. Education Leave Only ☐ Yes ☐ No Education Leave and Reimbursement ☐ Yes ☐ No

7. **Registration:** Did you register yourself? ☐ Yes ☐ No MUST attach completed Workshop registration form.

Do you need the department to register you? ☐ Yes ☐ No MUST attach completed Workshop registration form.

Date registration completed: _____ Completed by: _____

IN STATE TRAVEL		OUT-OF-STATE TRAVEL	
Lodging	\$60.00 plus tax year round with receipt/unless high cost county \$12.00 Without Receipt	Lodging	Federal Room rates. \$12.00 Without Receipt.
Breakfast	\$ 5.00 Must Leave your Work Location Before 7 am	Breakfast	\$7.00
Lunch	\$ 6.00 If Arrive After 12:00 Noon	Lunch	\$11.00
Dinner	\$12.00 Must Arrive At Work Location After 6 pm	Dinner	\$18.00
		Domestic Per Diem Page: policyworks.gov/org/main/mt/homepage/mtt/perdiem/travel.htm (click on "Per Diem Rate")	
NOTE: http://www.discoveringmontana.com/doa/index.htm . Select <u>DOA Travel Page</u> feature. This Web Page is available for state employees to initiate travel plans and reduce time spent in location facilities that offer state rates. A Travel Advance Request must be submitted to Accounting 2 weeks prior to payroll. If you have question/problems regarding travel call Terri Guthrie at 444-1562.			

8. Estimated Expenses:

Registration: _____ Lodging: _____ Other: _____
Transportation: _____ Meals: _____ Total: _____

P/P Bureau Only: Training paid using Supervision fees: ☐ Yes ☐ No

9. Travel Advance Requested: ☐ Yes ☐ No **Amount Requested:** _____

10. Organization Center No: _____ (This must be completed or your request form will be returned.)

☐ Yes
☐ No

Employee Signature Date

☐ Yes
☐ No

Immediate Supervisor Signature Date

☐ Yes
☐ No

Program/Facility Administrator Date

☐ Yes
☐ No

Regional Administrator (if applicable) Date

☐ Yes
☐ No

Training Coordinator Signature Date

Director's Signature Date

[Required for Out-of-State Travel]

Comments:

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Revised 12/05

